

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-479)							SERIAL NO.	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
	NO.	DEF.	NO.	DEF.	NO.	DEF.		NO.	DEF.	NO.	DEF.	NO.	DEF.
1							61						
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37							97						
38							98						
39							99						
40							100						
41							TOTAL						
42							TOTAL						
43							TOTAL						
44							TOTAL						
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46													
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48													
49													
50													
TOTAL	5												
TOTAL	47												
TOTAL	52												

Best Available Copy